

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Estate of John P. O'Neill, et al

Plaintiff,

-V-

The Republic of Iraq, et al

Defendants.

CERTIFICATE OF MAILING

FILED
U.S. DISTRICT COURT
2005 JUN 17 A 10:47
S.D. OF N.Y.

04 C. 1076 (RCC)

I, J. Michael McMahon, Clerk of Court for the Southern District of New York, do hereby certify that on the

June 17, 2005

I served the

SUMMONS
COMPLAINT
NOTICE OF SUIT
CERTIFICATE OF AUTHENTICITY

Pursuant to the foreign sovereign immunities act (28 U.S.C. §1608(a)(4)), filed and issued herein on the
Dec. 20, 2004

by mailing by Registered mail, return receipt requested, at the United States Post Office, Chinatown Station, New York, N.Y., a copy of each thereof, securely enclosed in a post-paid wrapper addressed to:

See attached for listing of Defendants

RR# 7001 0360 0003 1 @ 64 1488 #

J. Michael McMahon
CLERK

Dated: New York, NY

7. Mohammed Baqer Zolqadr, Iranian Revolutionary Guards Corp.
Deputy Commander Brig. Gen.

Each of these defendants are to be served at the Iranian Ministry of Foreign Affairs, United Nations Street, Tehran, Iran.

The Republic of Iraq is to be served by the State Department via the U.S. Embassy in Baghdad at the place and in the manner of their choosing.

Enclosed you will find two complete sets of documents for each defendant, one for service and one for the court's file. The documents include a complaint in

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance)		SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
WASHINGTON, DC 20520		<input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee X <i>[Signature]</i> B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery <i>6/8/05</i>	
Postage	\$ 5.30	1. Article Addressed to:		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
Certified Fee	2.30	Edward A. Betancourt, Director of Special Consular Services U.S. Dept of State 2100 Pennsylvania Ave 4 FL (SA-29) NW Washington, DC 20520			
Return Receipt Fee (Endorsement Required)	1.75	2. Article Number		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
Restricted Delivery Fee (Endorsement Required)		(Transfer from service tab)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Total Postage & Fees	\$ 9.35	7001 0360 0003 1064 1488			
Sent To: <i>Betancourt, Dir</i> Street, Apt. No.: <i>SPA, Office 430</i> or PO Box No.: <i>2100 PENNSYLVANIA AVE</i> City, State, Zip: <i>WASH, D.C. 20520</i>		PS Form 3811, February 2004		Domestic Return Receipt 102595-0	
PS Form 3800, January 2001					